2002 UNIFORM BUSINESS REPORT (UBR)

Mar 22, 2002 8:00 am Secretary of State J76008 DOCUMENT # 1. Entity Name 03-22-2002 90035 016 ***150.00 FLICKERLITE BAR & PIZZA RESTAURANT. INC. Principal Place of Business Mailing Address C/O JOAN F. CAPONE C/O JOAN F. CAPONE 4100 N 35 AVENUE 4100 N 35 AVENUE HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2841512 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CAPONE, JOAN F. Street Address (P.O. Box Number is Not Acceptable) 4100 N 35 AVENUE HOLLYWOOD FL 33021-8914 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back), Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 🗧 OFFICERS AND DIRECTORS Addition TITI F TITLE ☐ Delete CAPONE, KARIN NAME NAME, 1014 N. OCEAN DR STREET ADDRESS STREET ADDRESS CITY-ST-7IP HOLLYWOOD FL CITY-ST-ZIP ☐ Addition ☐ Change TITLE VD ☐ Delete TITLE NAME CAPONE, RICHARD NAME STREET ADDRESS STREET ADDRESS 1014 N. OCEAN DR CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL ☐ Addition ☐ Delete TITLE Change TITLE TD NAME CAPONE, JOAN F. NAME STREET ADDRESS STREET ADDRESS 4100 N. 35TH AVENUE CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL ☐ Delete Change ☐ Addition TITLE VIVACUE, PATRICIA J. NAME NAME 1014 N OCEAN DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE CAPONE, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 1014 N OCEAN DR CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

(954)961-3079

FILED

Daytime Phone #